DLN: 93493132028905

Form **990** 

Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

Open to Public Inspection

A Fo	r the	2014 cal	endar year, or tax year begin	ning 01-01-2014 $$ , and ending 12-31	L-2014			
		pplicable	C Name of organization THE PHILANTHROPY ROUNDTAB	E		D Emplo	yer id	entification number
_	fress ch	_				13-29	4302	20
	me cha	_	Doing business as					
	ial retu	rn	Number and street (or P O box	ıf maıl ıs not delivered to street address) Ro	om/suite	E Telepho	ne nur	mber
Fin-		mınated	1730 M STREET NW NO 601		,	(202)	822-	8333
┌ Am	ended	return		country, and ZIP or foreign postal code				
┌ App	olication	pending	WASHINGTON, DC 20036			<b>G</b> Gross r	eceıpts	\$ 10,040,458
			<b>F</b> Name and address of	principal officer	H(a)	Is this a group	retur	n for
			ADAM MEYERSON 1730 M STREET NW NO	601		subordinates?		ΓYes <b>Γ</b> No
			WASHINGTON, DC 200		Н(Ь)	Are all subordi	nates	┌ Yes ┌ No
				<del> </del>		ıncluded?		
		npt status		◀ (insert no )		If "No," attach	a list	(see instructions)
J W	ebsite	e:⊫ WV	VW PHILANTHROPYROUND	ABLE ORG	H(c)	Group exempt	ion nu	ımber ►
<b>K</b> Forr	n of or	ganızatıon	Corporation Trust Associ	ation Cother 🕨	L Ye	ar of formation 19	78 <b>I</b>	<b>Y</b> State of legal domicile DC
Pa	rt I	Sum	ımary					
ance ance	-	TO ASS	IST DONORS IN ACHIEVIN	ssion or most significant activities G THEIR PHILANTHROPIC INTENT SPONSIBILITY IN AMERICA AND		ELP DONORS /	ADVA	NCE LIBERTY,
Governance		Check t	his hoy 🛏 if the organization	discontinued its operations or dispo	sed of more	than 25% of its	net a	ssets
ŝ	- `	J., 00K (	257. 1 In the organization	January no operations of dispe		20 /0 OF 103		
76 ఆ	l			erning body (Part VI, line 1a)			3	8
Activities &	l		·	rs of the governing body (Part VI, lin	•		4	8
ig Ş	l			in calendar year 2014 (Part V, line 2 if necessary)			5 6	36 276
∢			·	n Part VIII, column (C), line 12			7a	21,412
				ne from Form 990-T, line 34			7b	3,118
						Prior Year		Current Year
	8	Contr	butions and grants (Part VII)	, line 1 h)	$\square$	5,105,6	565	6,849,798
Rayenue	9	Progra	am service revenue (Part VII	[,line 2g)		414,		311,583
34.6	10			ımn (A), lines 3, 4, and 7d)		215,0		580,503
_	11 12		revenue (Part VIII, column ( revenue—add lines 8 through	7,9	925	198		
	12					5,742,	772	7,742,082
	13	Grant	s and sımılar amounts paıd (P	art IX, column (A), lines 1-3) .		250,0	000	250,000
	14			rt IX, column (A), line 4)			0	0
S.	15	Saları 5-10		oyee benefits (Part IX, column (A), l	ines	3,385,4	158	3,797,980
936	16a	Profes	ssional fundraising fees (Part	IX, column (A), line 11e)			0	0
Ехрепзез	ь	Total fu	ındraısıng expenses (Part IX, columr	(D), line 25) ▶ <mark>440,965</mark>				
ш	17	Other	expenses (Part IX, column (A	A), lines 11a-11d, 11f-24e)	🗀	2,784,	381	3,086,908
	18			must equal Part IX, column (A), line	<b>—</b>	6,419,8	-	7,134,888
	19	Rever	ue less expenses Subtract li	ne 18 from line 12		-677,0	067	607,194
Net Assets or Fund Balances					Ве	ginning of Curre Year	nt	End of Year
Set Seas	20	Total	assets (Part X. line 16)		⊢	10,821,	130	11,276,561
A AS	21					293,9	-	339,031
<u> 20</u>	22	Net as	ssets or fund balances Subtra	act line 21 from line 20		10,527,	185	10,937,530
	rt II	_	nature Block					
my kı	nowled	dge and		examined this return, including acco complete Declaration of preparer (ot				
		****				2015-05-11		
Sign		[	ature of officer			Date		
Here	=		M MEYERSON PRESIDENT e or print name and title					
		11 1	Print/Type preparer's name	Preparer's signature	Date	Check If	PTIN	
Paid	t	<u> </u>	YUNG-HEE GALLINARO	YUNG-HEE GALLINARO		self-employed Firm's EIN > 4	P0003	
	pare	er	Firm's name F CLIFTONLARSONAL					
Use	On	ly  ˈ	Firm's address 🕨 4250 N FAIRFAX DI	RIVE SUITE 1020		Phone no (571	) 227-	9500
			ARLINGTON, VA 22	2203		1		

. . . ▼Yes 「No

Form	990 (201	4)							Page 2
Par				rvice Accomp		s Part III .			F
1	Briefly de	escribe the orgai	nızatıon's mıssı	on					
THE	IR PHILAN						M, TO ASSIST DONOR UNITY AND PERSONA		
				ficant program se	ervices during th	ie year which v	were not listed on		
	•	Form 990 or 990						┌ Yes ┌ N	lo
		describe these r							
3	Did the o		e conducting, o	r make significar	nt changes in ho	wit conducts,	any program	□ Yes □ N	No
	If "Yes,"	describe these c	hanges on Sch	edule O				,	
4	expenses	Section 501(c	)(3) and 501(c		s are required to	report the am	est program services, a nount of grants and alloc		
4a	(Code		) (Expenses \$	760,702	ıncludıng grants o	of \$	) (Revenue \$	288,402 )	
	ORDER TO		ATEGIES, AND BES				DATION EXECUTIVES AND INI SESSIONS ON VARIOUS TOP		
	(Code		) (Expenses \$	2,722,371	ıncludıng grants o	of \$	250,000 ) (Revenue \$	)	
	BREAKTHI	ROUGH GROUP MEE	TINGS AND SERVIC		ORUM FOR DONORS	S TO DISCUSS BR	EAKTHROUGH INITIATIVES IN OUR PUBLIC MEETINGS	N K-12 EDUCATION, A	AND
	(Code		) (Expenses \$	949,875	ıncludıng grants o	of \$	) (Revenue \$	)	
	ALLIANCE THE RIGH	FOR CHARITABLE R TS OF DONORS AND	EFORM THE ALLIAN PRIVATE FOUNDA		E REFORM IS A PRO HOW AND WHERE TO	) DIECT OF THE PH DISPEND THEIR C	ILANTHROPY ROUNDTABLE I	TS MISSION IS TO PR	
	See Ado	litional Data							
4d	Other pi	ogram services	(Describe in Sc	chedule O )					
	(Expens			ncluding grants o	of \$	) (R	Revenue \$	1,769)	

6,074,583

Total program service expenses ►

## Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{*}$	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part $I^{\bullet}$	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III 2</i>	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III </i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			1
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line $2$	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note, All Form 990 filers are required to complete Schedule O	38	Yes	

								_
		Check if Schedule O contains a response or note to any line in this Part V .		<u> </u>	-	• •	Yes	 No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0 - if not applicable	1a	1	6 2 T		162	140
		the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b		0			
		e organization comply with backup withholding rules for reportable payments t		dors and reportable	$\dashv$			
		g (gambling) winnings to prize winners?	. veni	· · · · · ·		1c		
2a	Enter	the number of employees reported on Form W-3, Transmittal of Wage and						
		tatements, filed for the calendar year ending with or within the year covered s return	2a		36			
	•	east one is reported on line 2a, did the organization file all required federal em		ent tay returns?				
		If the sum of lines 1a and 2a is greater than 250, you may be required to e-fil				2b	Yes	
	D. J + L					2-	V	
		e organization have unrelated business gross income of \$1,000 or more durin s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explana</i> t	_	•	-	3a 3b	Yes Yes	
		y time during the calendar year, did the organization have an interest in, or a s				30	165	
		a financial account in a foreign country (such as a bank account, securities ac						
	accou	nt)?			L	4a		N c
b	If"Ye	s," enter the name of the foreign country  🕒						
	See in	structions for filing requirements for FinCEN Form 114, Report of Foreign Ban	k and	Financial Accounts				
	-			tau		F		N. a
		he organization a party to a prohibited tax shelter transaction at any time durii	_	•	-	5a		N c
		ny taxable party notify the organization that it was or is a party to a prohibited		ieiter transaction?	L	5b		No
С	If"Ye	s," to line 5a or 5b, did the organization file Form 8886-T?				5c		
а	Does	the organization have annual gross receipts that are normally greater than \$1	00.00	O, and did the	}	6a	Yes	
		ization solicit any contributions that were not tax deductible as charitable con					, 03	
b		s," did the organization include with every solicitation an express statement t	hat su	ch contributions or	gıfts			
		not tax deductible?			·	6b	Yes	
		izations that may receive deductible contributions under section 170(c).				_		
		e organization receive a payment in excess of \$75 made partly as a contributes provided to the payor?			nd	7a		No
		s," did the organization notify the donor of the value of the goods or services p				7b		
		e organization sell, exchange, or otherwise dispose of tangible personal prope			-			
		rm 8282?			. L	7c		No
d	If"Ye	s," indicate the number of Forms 8282 filed during the year	7d					
_	Did th	a arganization receive any funds, directly or indirectly, to nay promitime on a r	oore or	al banafit				
3		e organization receive any funds, directly or indirectly, to pay premiums on a pact?				7e		No
•	Dıd th	e organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	enefit contract? .	. [	7f		No
9	Ifthe	organization received a contribution of qualified intellectual property, did the c	organı	zatıon file Form 889	9 as			
		ed?				7g		
h		organization received a contribution of cars, boats, airplanes, or other vehicle	s, dıd	the organization file	а	7h		
}		oring organizations maintaining donor advised funds.			L	<b>/</b> ''		
		donor advised fund maintained by the sponsoring organization have excess bu	ısınes	s holdings at any tin	ne			
	during	the year?	•			8		
a	Dıd th	e sponsoring organization make any taxable distributions under section 4966	?.			9a		
b	Dıd th	e sponsoring organization make a distribution to a donor, donor advisor, or rel	ated p	erson <sup>?</sup>		9b		
	Section	on 501(c)(7) organizations. Enter						
3	Initiat	tion fees and capital contributions included on Part VIII, line 12	10a					
		receipts, included on Form 990, Part VIII, line 12, for public use of club	10b					
	facılıtı							
		on 501(c)(12) organizations. Enter	مم ا	I				
		Income from members or shareholders	11a					
		Income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them )	11b					
	_	· · · · · · · · · · · · · · · · · · ·						
		on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 99	0 ın lı I	eu of Form 1041? I	L	12a		
	If "Ye year	s," enter the amount of tax-exempt interest received or accrued during the	12b					
	•	on 501(c)(29) qualified nonprofit health insurance issuers.	L	l				
		organization licensed to issue qualified health plans in more than one state?				_		
		See the instructions for additional information the organization must report on	Sche	dule O		13a		
		the amount of reserves the organization is required to maintain by the states	13b					
		ch the organization is licensed to issue qualified health plans						
-	∟nter	the amount of reserves on hand	13c		1			
		e organization receive any payments for indoor tanning services during the ta				14a	i	Νo

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization become aware during the year of a significant diversion of the organization's assets.	6		No
	Did the organization have members of stockholders, or other persons who had the power to elect or appoint one or	$\vdash$		NO
/a	more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
	List the States with which a copy of this Form 990 is required to be filed▶AL , AK , AZ , AR , CA , CO , CT , FL , G LA , ME , MD , MA , MI , MN , MS , MO , ND , OH , OK , OR , PA , RI , SC , TN , U	NH,N	J,NY,	S,KY,
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			

- (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
  - Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ►SUZI MARCHENA

## <u>Part VIII</u> Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot	not box h ar or/tr	c , office Highest compensated	ess er	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) MIKE GREBE	3 00	x		Х				0	0	0
CHAIRMAN				<u> </u>						
(2) JAMES PIERESON VICE-CHAIRMAN	1 00	×		х				0	0	0
(3) JOHN TYLER	1 00							_	_	
SECRETARY		X		X				0	0	0
(4) DONN WEINBERG	2 00									-
TREASURER		X		Х				0	0	0
(5) ANA THOMPSON	1 00									
BOARD MEMBER		X						0	0	0
(6) DANIEL S PETERS	1 00									_
BOARD MEMBER		X						0	0	0
(7) HEATHER HIGGINS	1 00									-
BOARD MEMBER		X						0	0	0
(8) BETSY DEVOS	1 00							_	_	_
BOARD MEMBER		X						0	0	0
(9) ADAM MEYERSON	40 00									_
PRESIDENT				X				279,500	0	61,974
(10) JOHN PAUL DE GANCE	40 00								_	
EXECUTIVE VICE PRESIDENT					X			238,800	0	54,924
(11) KARL ZINSMEISTER	40 00									_
VICE PRESIDENT OF PUBLICAT					X			237,756	0	55,974
(12) JOANNE FLORINO	40 00				Ţ,			200 502		20.070
SENIOR VICE PRESIDENT OF P					X			208,502	0	39,879
(13) JO KWONG	40 00					l ,,		100 500		20.47:
DIRECTOR OF ECONOMIC OPPOR						Х		100,500	0	39,474
(14) SUZANNE MARCHENA	40 00					х		120,650	0	27.060
DIRECTOR OF FINANCE & HUMA								120,650		37,960
	<u> </u>									

Part VIII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) A verage hours per week (list any hours	Posit more t perso and a	han d n ıs l	ne l both	box, an d	officer stee)		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b	Sub-Total	•			
c	Total from continuation sheets to Part VII, Section A	۰			
d	Total (add lines 1b and 1c)	۰	1,185,708	0	290,185

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶6

			Yes	No	
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee				
	on line 1a? If "Yes," complete Schedule J for such individual	3		Νo	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such				
	ındıvıdual	4	Yes		
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5		No	

#### **Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	<b>(B)</b> Description of services	(C) Compensation
URBAN SWIRSKI & ASSOCIATES 601 13 TH STREET NW WASHINGTON, DC 20005	PROVIDES LEGISLATIVE CONSULTING SERVICES	360,000
KENNY & ASSOCIATES 279 NORSEMAN DRIVE CORDOVA, TN 38018	CONDUCT AND PROVIDE MARKET RESEARCH ON P	348,000
3. Total number of independent contractors (including but not limited to those	listed above) who received more than	

Part VIII		Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII											
		Check if Schea	uie O contains a respo	nse or note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514					
(4)	1a	Federated cam	paigns 1a					312 311					
nts Ints	ь	Membership du	ıes <b>1b</b>	-									
Gra not	c	Fundraising eve											
ts, i	_												
Gif ilaı	d	Related organiz											
ons, Gifts, Grants Similar Amounts	е	Government grant	s (contributions) <b>1e</b>										
itioi er S	f	All other contribute similar amounts no	ons, gifts, grants, and <b>1f</b> ot included above	6,849,798									
tributic Other	g		ons included in lines	i		İ							
Contributions, Gifts, Grants and Other Similar Amounts		1a-1f \$	- 1 - 16		6,849,798								
ت ه	h	Total. Add lines	S 1 a - 1 f	· · · •	0,049,790								
e .				Business Code									
ven	2a   .	REGISTRATION FE	ES	541900	288,402	288,402							
Program Service Revenue	Ь	ADVERTISING		541800	21,412		21,412						
	С	PUBLICATION SALE	<u> </u>	900099	1,769	1,769							
	d												
ā	e	^ II											
rogi	f	All other progra	am service revenue										
Ь	g	Total. Add lines	s 2a – 2f		311,583								
	3		ome (including dividen ar amounts)		284,120			284,120					
	4		stment of tax-exempt bond	L									
	5	Royalties		▶ [									
			(ı) Real	(II) Personal									
	6a	Gross rents											
	b	Less rental expenses											
	c	Rental income or (loss)											
	d		me or (loss)										
			(ı) Securities	(II) Other									
	7a	Gross amount from sales of assets other than inventory	2,594,759										
	ь	Less cost or other basis and	2,298,376										
		sales expenses	, ,										
	C	Gain or (loss)	296,383	<u> </u>	296,383		1	296,383					
	d 8a		rom fundraising	· · · · · •	230,303			250,303					
Other Revenue		events (not inc \$	luding s reported on line 1c)										
er F	_		а										
<b>≨</b> ∣	Ь		penses <b>b</b>				I						
)	e 9a	Gross income f	(loss) from fundraising from gaming activities ne 19	events									
			a										
	Ь		penses <b>b</b> (loss) from gaming acti										
		Gross sales of		vicies									
		returns and allo											
			a										
	b		oods sold <b>b</b>	antow(			ı						
	С	Net income or i	(loss) from sales of inv	entory 🛌 Business Code									
	11a	MISC INCOM		541900	198			198					
	ь	WISC INCOM	<u> </u>	1									
	c												
	d	All other reven	ue	<del>                                     </del>									
	e		s 11a-11d	🕨									
	12	Total revenue	See Instructions .	[	198								
	ı	. J.u. levellue.	556 1113 C UCCIONS .	· · · · •	7 742 082	290 171	21 412	580.701					

	990 (2014)				Page 10
	Statement of Functional Expenses	other erganizati	one must some	lata salumn (A.)	
section	on 501(c)(3) and 501(c)(4) organizations must complete all columns. All				<u></u>
Da ==	Check if Schedule O contains a response or note to any line in this		 (B)	(c)	(D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	250,000	250,000		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,177,308	995,556	107,294	74,458
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	1,927,994	1,646,588	163,440	117,966
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	195,262	167,145	16,282	11,835
9	Other employee benefits	309,544	264,327	26,357	18,860
10	Payroll taxes	187,872	159,953	16,308	11,611
11	Fees for services (non-employees)				
а	Management				
b	Legal	20,743	503	20,240	_
C	Accounting	20,500		20,500	
d	Lobbying	288,000	288,000		
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	779,966	657,309	117,849	4,808
12	Advertising and promotion	5,512	5,512		
13	Office expenses	407,319	74,418	196,425	136,476
14	Information technology	60,791	47,421	13,271	99
15	Royalties				
16	Occupancy	442,546		442,546	
17	Travel	406,476	404,262	363	1,851
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	509,988	500,518	8,728	742
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,306		2,306	
23	Insurance	20,353		20,353	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	DUES AND SUBSCRIPTIONS	56,631	42,433	2,625	11,573
b	STIPENDS AND HONORARIA	53,580	53,580		
c	OTHER EXPENSES	11,947	3,864	8,083	
d	TAXES	250		250	
е	All other expenses		513,194	-563,880	50,686
25	Total functional expenses. Add lines 1 through 24e	7,134,888	6,074,583	619,340	440,965
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Раг		Check if Schedule O contains a response or note to any line in this	Part X			
				(A) Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing		672,468	1	1,264,476
	2	Savings and temporary cash investments		1,763,987	2	980,777
	3	Pledges and grants receivable, net		1,039,500	3	1,018,500
	4	Accounts receivable, net		6,935	4	916
	5	Loans and other receivables from current and former officers, direct employees, and highest compensated employees. Complete Part I Schedule L	I of		5	
Assets	6	Loans and other receivables from other disqualified persons (as de section $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , a employers and sponsoring organizations of section $501(c)(9)$ volumbeneficiary organizations (see instructions) Complete Part II of Sc	and contributing ntary employees'		6	
88	7	Notes and loans receivable, net			7	
₹	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		110,545	9	69,664
	10a	Land, buildings, and equipment cost or other basis Complete	.0a 12,663			
	Ь		. <b>0b</b> 6,538	8,431	10c	6,125
	11	Investments—publicly traded securities		7,191,198	11	7,907,737
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		28,366		28,366
	16	Total assets. Add lines 1 through 15 (must equal line 34)		10,821,430	16	11,276,561
	17	Accounts payable and accrued expenses		233,070	17	293,102
	18	Grants payable		200,010	18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule			21	
Liabilities	22	Loans and other payables to current and former officers, directors, key employees, highest compensated employees, and disqualified			21	
逗		persons Complete Part II of Schedule L			22	
ä	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties .			24	
	25	Other liabilities (including federal income tax, payables to related to and other liabilities not included on lines 17-24). Complete Part X	third parties,			
		D		60,875	25	45,929
	26	Total liabilities. Add lines 17 through 25		293,945	26	339,031
ces		Organizations that follow SFAS 117 (ASC 958), check here ► ↓ a lines 27 through 29, and lines 33 and 34.	nd complete			
<u>a</u>	27	Unrestricted net assets		8,837,373	27	8,794,571
<u>က</u>	28	Temporarily restricted net assets		1,690,112	28	2,142,959
Fund Balance	29	Permanently restricted net assets			29	
Fu		Organizations that do not follow SFAS 117 (ASC 958), check here	►			
5		complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
Net	33	Total net assets or fund balances		10,527,485	33	10,937,530
	34	Total liabilities and net assets/fund balances		10,821,430	34	11,276,561

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		7,7	742,082
2	Total expenses (must equal Part IX, column (A), line 25)	2		7,1	134,888
3	Revenue less expenses Subtract line 2 from line 1	3		6	507,194
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		10,5	527,485
5	Net unrealized gains (losses) on investments	5		-1	197,149
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		10,9	937,530
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 区
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both  Separate basis  Both consolidated and separate basis	wed on			
h	Were the organization's financial statements audited by an independent accountant?		2b	Yes	İ
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa	rate	20	163	
	basis, consolidated basis, or both  Separate basis  Consolidated basis  Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain it Schedule O	n			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	e	За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

#### **Additional Data**

Software ID: **Software Version:** 

**EIN:** 13-2943020

Name: THE PHILANTHROPY ROUNDTABLE

### Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code	) (Expenses \$	611,536	including grants of \$	) (Revenue \$	)
			A MAGAZINE WHICH FOO THAN 6,000 INDIVIDU	CUSES ON BROAD STRATEGIC QUES ALS	STIONS OF
(Code	) (Expenses \$	445,336	including grants of \$	) (Revenue \$	1,769 )
COMMUNITY THEY H PRINCIPLES AND PRA	ELP DONORS ACHIEV CTICAL ASPECTS OF RTER SCHOOL, WORK	E PHILANTHRO INTELLIGENT	OPIC EXCELLENCE, INCL CHARITABLE GIVING G	NTEREST WITHIN THE PHILANTHRO LUDING IN-DEPTH EXAMINATION O GUIDEBOOKS WERE COMMISSIONED CE, CATHOLIC SCHOOLS, AND THE	F THE FOR

#### Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

01111 220, 1 411 222	ziiie iei i egiuii		Accompliantinents (See the	znou acarono,	
(Code	) (Expenses \$	584,763	including grants of \$	) (Revenue \$	)
PHILANTHROPIC RELAT	TIONS TO PROVIDE	ONE-ON-C	NE CONSULTATION OF GOVER	NANCE ISSUES AND BEST PRAC	TICESIN
CHARITABLE GIVING					

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493132028905

## OMB No 1545-0047

## **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

2014

Open to Public Inspection

	HE PHILANTHROPY ROUNDTABLE					Employer Identifica	ation number						
		TIKOT T KOOND TABLE					13-2943020						
Pa	rt I	Reason for Publi	ic Charity S	<b>Status</b> (All organiza	itions must co	mplete this p	art.) See instruction	ons.					
The c	rganı	zation is not a private f	oundation bec	ause it is (For lines 1	through 11, ch	eck only one bo	ox)						
1	Γ	A church, convention	of churches, o	r association of churc	hes described i	n <b>section 170(</b> b	o)(1)(A)(i).						
2	Г	A school described in	section 170(b	<b>)(1)(A)(ii).</b> (Attach S	chedule E )								
3	$\Gamma$	A hospital or a cooper	ratıve hospital	service organization	described in <b>sec</b>	tion 170(b)(1)	(A)(iii).						
4	Γ	A medical research or	rganization ope	erated in conjunction v	vith a hospital c	lescribed in <b>sec</b>	tion 170(b)(1)(A)(iii	i <b>).</b> Enter the					
		hospital's name, city,											
5	Г	An organization opera	ted for the ber	or the benefit of a college or university owned or operated by a governmental unit described in									
		section 170(b)(1)(A)	<b>(iv).</b> (Complet	e Part II)									
6	Г	A federal, state, or loc	cal governmen	t or governmental unit	described in <b>s</b> e	ection 170(b)(1	.)(A)(v).						
7	굣	An organization that n				om a governme	ntal unit or from the g	general public					
_	_	described in <b>section 1</b>			•								
8	<u> </u>	A community trust de											
9	J	An organization that n											
		receipts from activitie		•	=	•							
		its support from gross						businesses					
	_	acquired by the organ											
10	<u>_</u>			ed and operated exclusively to test for public safety See <b>section 509(a)(4).</b>									
11	ı		ition organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of										
				ganizations described in section 509(a)(1) or section 509(a)(2). See <b>section 509(a)(3).</b> Ch									
а	Г	the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g <b>Type I.</b> A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the											
	•	supported organizatio	_	, , ,	,		, ,,	, , , ,					
	_	organization You mus	•	•									
Ь	ļ		ype II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or										
		=	the supporting organization vested in the same persons that control or manage the supported organization(s) <b>You</b> Part IV, Sections A and C.										
С	Г		<b>lly integrated.</b> A supporting organization operated in connection with, and functionally integrated with, its										
	·		upported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E.										
d	Γ	Type III non-function											
		not functionally integr	_	• ,	•	•	ement and an attentiv	eness requirement					
e	$\vdash$	(see instructions) <b>Yo</b> Check this box if the o					sa Tyne I Tyne II T	vne III functionally					
_	'	integrated, or Type II					3 a 1 ypc 1, 1 ypc 11, 1	ype III functionally					
f		Enter the number of s		• •									
g		Provide the following i	nformation ab	out the supported orga	nızatıon(s)								
	(i)Na	ame of supported	(ii) EIN	(iii) Type of	(iv) Is the org	ganızatıon	(v) A mount of	(vi) A mount of					
		organization		organization	listed in your		monetary support	other support (see					
				(described on lines 1-9 above or IRC	docume	ent?	(see instructions)	ınstructions)					
				section (see									
				instructions))									
					Yes	No							
								<u> </u>					

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ection A. Public Support	<u>,                                    </u>	······					
	endar year (or fiscal year beginning in) 🕨	(a) 2010	<b>(b)</b> 2011	<b>(c)</b> 2012	<b>(d)</b> 2013	<b>(e)</b> 2	014	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	5,735,588	7,190,865	6,211,321	5,105,665	6	,849,798	31,093,237
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit							
4 5	Total. Add lines 1 through 3 The portion of total contributions	5,735,588	7,190,865	6,211,321	5,105,665	6	,849,798	31,093,237
	by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column							4,374,831
6	(f) <b>Public support.</b> Subtract line 5 from line 4							26,718,406
	ection B. Total Support							
Cale	endar year (or fiscal year beginning in) 🟲	(a) 2010	<b>(b)</b> 2011	<b>(c)</b> 2012	<b>(d)</b> 2013	<b>(e)</b> 20		(f) Total
7	Amounts from line 4	5,735,588	7,190,865	6,211,321	5,105,665	6	,849,798	31,093,237
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	131,482	163,870	181,094	215,061		284,120	975,627
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	10,924	7,974	12,471	7,925		198	39,492
11	<b>Total support</b> Add lines 7 through 10							32,108,356
12	Gross receipts from related activiti	es, etc (see insti	ructions)			12		1,870,752
13	First five years. If the Form 990 is organization, check this box and st	op here	<u> </u>					
	ection C. Computation of Pul Public support percentage for 2014			1.1 column (f)\		11		
14		, ,	•	11, column (f))		14		83 210 %
15	Public support percentage for 2013	•	•			15		80 600 %
	<ul> <li>33 1/3% support test—2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</li> <li>33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</li> </ul>							
17a	10%-facts-and-circumstances test is 10% or more, and if the organization Part VI how the organization meaorganization	<b>—2014.</b> If the orga tion meets the "fa	nization did not c acts-and-circums	heck a box on lin tances" test, che	ck this box and <b>s</b>	top here	. Explain	·
b	10%-facts-and-circumstances test 15 is 10% or more, and if the organ Explain in Part VI how the organiza	nization meets the	e "facts-and-circu	mstances" test,	check this box ar	nd <b>stop h</b>	ere.	
	supported organization							<b>▶</b> □
18	<b>Private foundation.</b> If the organizations	tion did not check	a box on line 13,	16a, 16b, 17a, o	r 17b, check this	box and	see	<b>▶</b> □

Schedule A (Form 990 or 990-EZ) 2014 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🕨 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total

Calendar year (or fiscal year beginning in) 🟲 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12)

Investment income percentage from 2013 Schedule A, Part III, line 17

18

33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,

check this box and stop here

16

17

Section C. Computation of Public Support Percentage

Public support percentage from 2013 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))

Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))

more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **b** 33 1/3% support tests—2013. If the organization did not check a box on line 14, and fine 15 is more than 33 1/3%, and line **b** 33 1/3% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

15

16

17

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V )

Section	$\Delta$	Supporting	Orga	nizatio	ns

Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section $509(a)(1)$ or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)^7$ If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
Ь	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
ь	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
Ь	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
l1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below,			
	the governing body of a supported organization?	11a		<u></u> _
ь	A family member of a person described in (a) above?	11b		

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

11c

Par	t IV Supporting Organizations (continued)			
Se	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
Se	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Se	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
	ection E. Type III Functionally-Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see  The organization satisfied the Activities Test Complete line 2 below  The organization is the parent of each of its supported organizations. Complete line 3 below			
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each	3b		

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

#### Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

#### Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions	Current Year						
1 Amounts paid to supported organizations to accom	plish exempt purposes						
2 A mounts paid to perform activity that directly furth excess of income from activity							
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons					
4 Amounts paid to acquire exempt-use assets							
5 Qualified set-aside amounts (prior IRS approval re	quired)						
6 Other distributions (describe in Part VI) See instru	uctions						
7 Total annual distributions. Add lines 1 through 6							
Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide					
9 Distributable amount for 2014 from Section C, line	6						
10 Line 8 amount divided by Line 9 amount	·						
To Ellie o amount divided by Ellie 5 amount							
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdist ribut ions Pre-2014	(iii) Distributable Amount for 2014				
Distributable amount for 2014 from Section C, line 6							
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)							
3 Excess distributions carryover, if any, to 2014							
<b>a</b> From 2009							
<b>b</b> From 2010							
<b>c</b> From 2011							
<b>d</b> From 2012							
e From 2013							
f Total of lines 3a through e							
<b>g</b> Applied to underdistributions of prior years							
h Applied to 2014 distributable amount  i Carryover from 2009 not applied (see instructions)							
j Remainder Subtract lines 3g, 3h, and 3i from 3f							
4 Distributions for 2014 from Section D, line 7							
A pplied to underdistributions of prior years							
<b>b</b> Applied to 2014 distributable amount			l l				
c Remainder Subtract lines 4a and 4b from 4							
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)	5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2						
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)							
<b>7 Excess distributions carryover to 2015.</b> Add lines 31 and 4c							
8 Breakdown of line 7							
<b>a</b> From 2010							
<b>b</b> From 2011							
<b>c</b> From 2012							
d From 2013							

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2014

DLN: 93493132028905

## OMB No 1545-0047

Open to Public Inspection

## **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

**Political Campaign and Lobbying Activities** 

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V,

line 35c (Proxy Tax) (see separate instructions), then

Na	me of the organization	anizations complete rare in		Employer iden	tification number
THE	E PHILANTHROPY ROUNDTABLE			13-2943020	
Par	t I-A Complete if the or	ganization is exempt und	er section 501(		organization.
1	Provide a description of the org	ganızatıon's dırect and ındırect po	litical campaign act	ıvıtıes ın Part IV	
2	Political expenditures			▶	\$
3	Volunteer hours				
Par	t I-B Complete if the or	ganization is exempt unde	er section 501(	c)(3).	
1		e tax incurred by the organization			\$
2	Enter the amount of any excise	e tax incurred by organization mai	nagers under sectioi	n 4955 🕨	\$
3	If the organization incurred a s	section 4955 tax, did it file Form 4	1720 for this year?		┌ Yes ┌ No
4a	Was a correction made?				┌ Yes ┌ No
b	If "Yes," describe in Part IV				
Par	t I-C Complete if the or	ganization is exempt und	er section 501(	c), except section 50	1(c)(3).
1	Enter the amount directly expe	ended by the filing organization fo	section 527 exemp	ot function activities 🕨	\$
2	Enter the amount of the filing of exempt function activities	organization's funds contributed to	o other organizations	s for section 527 ▶	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter he	re and on Form 112	0-POL, line 17b ►	\$
4	Did the filing organization file <b>F</b>	Form 1120-POL for this year?			⊤ Yes
5	organization made payments f amount of political contribution	nd employer identification number For each organization listed, enter ns received that were promptly an political action committee (PAC)	the amount paid fro d directly delivered	om the filing organization's t to a separate political orga	funds Also enter the anization, such as a tion in Part IV
	(a) Name	( <b>b)</b> Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
		ee the instructions for Form 990 or			

section 4911 tax for this year?

┌ Yes ┌ No

# Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check ► If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B Check ► If the filing organization checked box A and "limited control" provisions apply

	Limits on Lobbying E (The term "expenditures" means ar	(a) Filing organization's totals	<b>(b)</b> Affiliated group totals	
1a	Total lobbying expenditures to influence public o	pinion (grass roots lobbying)	36,000	
b	Total lobbying expenditures to influence a legisla	ative body (direct lobbying)		
c	Total lobbying expenditures (add lines 1a and 1b	p)	36,000	
d	Other exempt purpose expenditures		6,846,888	
e	Total exempt purpose expenditures (add lines 1	c and 1d)	6,882,888	
f	Lobbying nontaxable amount Enter the amount f	494,144		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of lin	e 1f)	123,536	
h	Subtract line 1g from line 1a If zero or less, ento	0		
i	Subtract line 1f from line 1c If zero or less, ente	0		
j	If there is an amount other than zero on either lin	0 reporting	□ Ves □ No	

# 4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditures During 4-Year Averaging Period							
	Calendar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	<b>(e)</b> Total		
2a	Lobbying nontaxable amount	448,035	453,991	459,952	494,144	1,856,122		
b	Lobbying ceiling amount (150% of line 2a, column(e))					2,784,183		
_c	Total lobbying expenditures	15,900	15,000	42,000	36,000	108,900		
d	Grassroots nontaxable amount	112,009	113,498	114,988	123,536	464,031		
_e	Grassroots ceiling amount (150% of line 2d, column (e))					696,047		
f	Grassroots lobbying expenditures	15,900	15,000	· · · · · · · · · · · · · · · · · · ·	36,000	108,900		

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has filed Form 5768 (election under section 501(h)).	ТОИ			
For e	ach "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(ă	1)	(b)	
activ		Yes	No	Amou	ınt
a b	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers?  Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			-	
c	Media advertisements?			1	
d	Mailings to members, legislators, or the public?				
e	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g h i	Direct contact with legislators, their staffs, government officials, or a legislative body?  Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  Other activities?				
j	Total Add lines 1c through 1i				
2a b	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  If "Yes," enter the amount of any tax incurred under section 4912				
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			<u> </u>	
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c	)(5),	or secti	on
				Yes	No.
1	Were substantially all (90% or more) dues received nondeductible by members?			1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3	
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."				
1	Dues, assessments and similar amounts from members	1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
a	Current year	2a			
b C	Carryover from last year Total	2b 2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
_	political expenditure next year?	4			
5	Taxable amount of lobbying and political expenditures (see instructions)  art IV Supplemental Information	5			
Pro	ovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated groussee instructions), and Part II-B, line 1 Also, complete this part for any additional information	ıp lıst),	Part II	[-A, lines	1 and
	Return Reference Explanation				
PAR	DURING 2014, THE ORGANIZATION INCURRED TOTAL SELF-DEFE IN THE AMOUNT OF \$288,000 OF WHICH \$252,000 WAS DIRECT L WAS GRASSROOTS LOBBYING SELF-DEFENSE DIRECT LOBBYING CONSIDERED LOBBYING EXPENDITURES AND THEY ARE NOT SHO	OBBY I EXPEN	NG AN SES A	D \$36,00 RE NOT	0

Part IV Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2014

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OMB No 1545-0047

DLN: 93493132028905

## **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization THE PHILANTHROPY ROUNDTABLE				Employer identification number				
				2943020				
Pa	rt I Organizations Maintaining Donor Ad organization answered "Yes" to Form 990		Funds	or Accounts. Complete if the				
		(a) Donor advised funds		(b) Funds and other accounts				
	Total number at end of year							
	Aggregate value of contributions to (during year)							
	Aggregate value of grants from (during year)							
	Aggregate value at end of year							
	Did the organization inform all donors and donor advis funds are the organization's property, subject to the o	<del>-</del>	onor advi	sed Yes No				
	Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the bene conferring impermissible private benefit?							
<u> </u>	rt II Conservation Easements. Complete if	f the organization answered "Yes"	' to Forn	n 990, Part IV, line 7.				
	Purpose(s) of conservation easements held by the org Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held	n or education)  Preservation of Preservation of	a certifie	ically important land area d historic structure				
	easement on the last day of the tax year	a qualifica conscivation contribution in	ii ciic ioiii	nor a conservation				
				Held at the End of the Year				
	Total number of conservation easements		2a					
	Total acreage restricted by conservation easements		2b					
	Number of conservation easements on a certified hist	orıc structure ıncluded ın (a)	2c					
	Number of conservation easements included in (c) acc historic structure listed in the National Register	quired after 8/17/06, and not on a	2d					
	Number of conservation easements modified, transfer	red, released, extinguished, or termina	ated by th	ne organization during				
	the tax year 🕨							
	Number of states where property subject to conservat	tion easement is located ►						
	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		andling of	violations, and Yes No				
	Staff and volunteer hours devoted to monitoring, inspe	ecting, and enforcing conservation eas	ements o	luring the year				
	A mount of expenses incurred in monitoring, inspecting	a and anforming concernation are amo	nto duvin	# the week				
	► \$	g, and emorcing conservation easemer	nts dunni	g the year				
	Does each conservation easement reported on line 2( and section $170(h)(4)(B)(II)$ ?	(d) above satisfy the requirements of s	ection 17	70(h)(4)(B)(ı)				
	In Part XIII, describe how the organization reports co balance sheet, and include, if applicable, the text of th the organization's accounting for conservation easeme	ne footnote to the organization's financ						
ľ	Organizations Maintaining Collection Complete if the organization answered "\		, or Ot	her Similar Assets.				
	If the organization elected, as permitted under SFAS : works of art, historical treasures, or other similar assesservice, provide, in Part XIII, the text of the footnote	116 (ASC 958), not to report in its revets held for public exhibition, education	n, or rese	arch in furtherance of public				
	If the organization elected, as permitted under SFAS : works of art, historical treasures, or other similar assesservice, provide the following amounts relating to these	116 (ASC 958), to report in its revenu ets held for public exhibition, education	ie statem	ent and balance sheet				
	(i) Revenue included in Form 990, Part VIII, line 1			<b>-</b> \$				
	(ii) Assets included in Form 990, Part X			<b>►</b> \$				
	If the organization received or held works of art, historical following amounts required to be reported under SFAS			'				
	Revenue included in Form 990, Part VIII, line 1			<b>▶</b> \$				
	Assets included in Form 990, Part X							
)	A 33663 Included III I Ollif 330, Fall A			F 7				

Part	<b>111</b> Organizations Maintaining Co	<u>llections of Art</u>	<u>, His</u>	tori	<u>cal Tr</u>	<u>easur</u>	<u>es, or O</u>	the	r Similar A	sset	t <b>s</b> (co.	<u>ntınued)</u>
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other record	ds, ch	neck	any of t	he follo	wing that a	are a	sıgnıfıcant u	se of i	ts	
а	Public exhibition		d	Γ	Loan	orexcha	ange progr	ams				
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
4	Provide a description of the organization's co Part XIII	ollections and expla	ın hov	w the	y furthe	r the or	ganızatıon	's ex	empt purpos	e in		
5	During the year, did the organization solicit of								ılar	_		_
	assets to be sold to raise funds rather than t		•						"	<u> </u>		No
Par	<b>t IV</b> Escrow and Custodial Arrang Part IV, line 9, or reported an an						answere	a "Y	es" to Form	990,	7	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interme	diary	for c	ontribu	tions or	other ass	ets r	not	<b>┌ ⋎</b>	es (	∏ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follov	ving t	able		_					
										mour	nt	
С	Beginning balance						-	1c				
d	Additions during the year							1d				
е	Distributions during the year							1e				
f	Ending balance							1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21,	for e	scrow o	rcusto	dial accou	nt lıa	bility?	<b>Γ</b> γ	es/	┌ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	expla	anatı	on has	been pr	ovided in F	art )	KIII			厂
Pa	rt V Endowment Funds. Complete											
4.	Danisa a fara a halana	(a)Current year	(b)	)Prior	year	<b>b (c)</b> Two	o years back	(d)⊺	Three years bacl	( (e)	Four ye	ars back
1a L	Beginning of year balance							+				
b	Contributions							+		-		
С	Net investment earnings, gains, and losses											
d	Grants or scholarships											
е	Other expenditures for facilities and programs											
f	Administrative expenses							<u> </u>				
g	End of year balance											
2	Provide the estimated percentage of the curr	rent year end balanc	e (lın	e 1g	, colum	n (a)) he	eld as					
а	Board designated or quasi-endowment ►											
b	Permanent endowment ►											
C	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c show	uld equal 100%										
3a	Are there endowment funds not in the posses	ssion of the organiza	ation	that	are helc	l and ad	mınıstere	d for	the	_		
	organization by								г <u>-</u>	-(:)	Yes	No
	(i) unrelated organizations							•		a(i) a(ii)		
b	(ii) related organizations							٠. ٠		3b		
4	Describe in Part XIII the intended uses of th	ne organization's end	dowm	ent f	unds							
Par	t VI Land, Buildings, and Equipme		he o	rgar	ıızatıor	answe	ered 'Yes	' to	Form 990, I	Part I	V, Iır	ne
	11a. See Form 990, Part X, line :  Description of property	10.		Τ,	a) Cost o	r other	(b)Cost or	other	(c) Accumula	ated	(d) B	ook value
	Description of property				asis (inve		basis (ot		depreciation		(u) b	ok value
<b>1</b> a	Land											
b	Buildings											
c	Leasehold improvements											
	Equipment						1	2,663		6,538		6,125
Tota	<b>l.</b> Add lines 1a through 1e <i>(Column (d) must e</i>	qual Form 990, Part >	(, colu	ımn (	B), line	10(c).)			<del>.</del>			6,125

See Form 990, Part X, line 12.		
<ul><li>(a) Description of security or category (including name of security)</li></ul>	( <b>b)</b> Book value	(c) Method of valuation Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	<b>P</b>	
Part VIII Investments—Program Related. (		 n answered 'Yes' to Form 990, Part IV, line 11c.
See Form 990, Part X, line 13.		
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		- Cook of the or your manner range
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<b>•</b>	
	on answered 'Yes' to Form 990	), Part IV, line 11d See Form 990, Part X, line 15
(a) Desc	ription	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line		
<b>Part X Other Liabilities.</b> Complete if the org	janization answered Yes to	o Form 990, Part IV, line 11e or 11f. See
1 (a) Description of liability	(b) Book value	
Federal income taxes		
DEFERRED RENT	45,929	
	+	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	<b>▶</b> 45,929	
2. Liability for uncertain tax positions. In Part XIII. provi		ha arganization's financial statements that reports the

Par	t XI Reconciliation of Revenue per Audited Financial Statements With Reven the organization answered 'Yes' to Form 990, Part IV, line 12a.	ue per Retur	<b>n</b> Complete if
1	Total revenue, gains, and other support per audited financial statements	1	7,544,933
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments 2a -197,	149	
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII ) 2d		
e	Add lines <b>2a</b> through <b>2d</b>	. 2e	-197,149
3	Subtract line <b>2e</b> from line <b>1</b>	. 3	7,742,082
4	Amounts included on Form 990, Part VIII, line 12, but not on line $oldsymbol{1}$		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII ) 4b		
C	Add lines <b>4a</b> and <b>4b</b>	. 4c	0
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	7,742,082
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	nses per Ret	<b>urn.</b> Complete
	If the organization answered 'Yes' to Form 990, Part IV, line 12a.	1.1	7 1 2 4 0 0 0
1	Total expenses and losses per audited financial statements	1	7,134,888
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses         2c           Other (Describe in Part XIII )         2d		
d		<b>─</b>	0
e 2	Add lines <b>2a</b> through <b>2d</b>	. 2e	7,134,888
3 4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	.   3	7,134,000
a b			
_	Other (Describe in Part XIII)..................................		0
с 5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18)	. 4c	7,134,888
	t XIII Supplemental Information	.   3	7,134,000
Prov Part	vide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b ait V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this parmation		y addıtıonal
	Return Reference Explanation		
PART	THE ORGANIZATION'S INCOME TAX RETURNS ARE SUBJECT T BY FEDERAL AND STATE AUTHORITIES THE ORGANIZATION I ACTIVITIES THAT WOULD JEOPARDIZE ITS TAX-EXEMPT STATHE FISCAL YEARS ENDED 2012 THROUGH 2014 ARE OPEN TO AND STATE AUTHORITIES	IS NOT AWARE TUS THE TAX I	OF ANY RETURNS FOR

Jenedale 2 (1 31111 33 3) 23 13		age 💆
Part XIII Supplemental Information	on (continued)	
Return Reference	Explanation	
l		
-		

Schedule D (Form 990) 2014

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**General Information on Grants and Assistance** 

Schedule I (Form 990)

## **Grants and Other Assistance to Organizations,** Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

Attach to Form 990.

OMB No 1545-0047

DLN: 93493132028905

Department of the Treasury Internal Revenue Service	Attach to Form 990. Information about Schedule I (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a> .		Open to Public Inspection
Name of the organization		Employe	er identification number
THE PHILANTHROPY ROUNDTABLE		13-294	13020

the selection criteria used to award the grants or assistance?								
					. Complete if the org plicated if additional		"Yes" to	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
(1) HUNTSMAN CANCER FOUNDATION 500 HUNTSMAN WAY	87-0541293	501(C)3	200,000				THE PHILANTHROPY ROUNDTABLE ADMINISTERS THE	

FOUNDATION 500 HUNTSMAN WAY SALT LAKE CITY, UT 84108					ROUNDTABLE ADMINISTERS THE WILLIAM E SIMON PRIZE, WHICH PROVIDES UP TO A \$250,000 PRIZE PAYABLE TO THE CHARITY OR CHARITIES OF THE PRIZE RECIPIENT'S CHOICE
(2) ST VINCENT DE PAUL SOUP KITCHEN 437 WEST 200 SOUTH SALT LAKE CITY, UT 84102	87-0212450	501(C)3	25,000		THE PHILANTHROPY ROUNDTABLE ADMINISTERS THE WILLIAM E SIMON PRIZE, WHICH PROVIDES UP TO A \$250,000 PRIZE PAYABLE TO THE CHARITY OR CHARITIES OF THE PRIZE RECIPIENT'S CHOICE
(3) YWCA UTAH 322 EAST 300 SOUTH SALT LAKE CITY, UT 84111	87-0212467	501(C)3	25,000		THE PHILANTHROPY ROUNDTABLE ADMINISTERS THE WILLIAM E SIMON PRIZE, WHICH PROVIDES UP TO A \$250,000 PRIZE PAYABLE TO THE CHARITY OR CHARITIES OF THE

2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	3
3	Enter total number of other organizations listed in the line 1 table	0

PRIZE RECIPIENT'S CHOICE

Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
	Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference Explanation

Explanation

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DLN: 93493132028905

OMB No 1545-0047

**Schedule J** (Form 990)

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

**Compensation Information** 

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization THE PHILANTHROPY ROUNDTABLE

Department of the Treasury

Internal Revenue Service

**Employer identification number** 

13-2943020

Pa	Questions Regarding Compensation					
					Yes	No
1a	Check the appropriate box(es) if the organization provided					
	990, Part VII, Section A, line 1a Complete Part III to p	ro v —				
	First-class or charter travel	_	Housing allowance or residence for personal use			
	Travel for companions	_	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	_	Health or social club dues or initiation fees			
	Discretionary spending account		Personal services (e g , maid, chauffeur, chef)			
ь	If any of the boxes in line 1a are checked, did the organiz	zatı	on follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses describ			1b		
2	Did the organization require substantiation prior to reimb					
	directors, trustees, officers, including the CEO/Executive	e D	irector, regarding the items checked in line 1a?	2		
_						
3	Indicate which, if any, of the following the filing organization organization organization CEO/Executive Director Check all that ap					
	used by a related organization to establish compensation					
	Compensation committee	_	Written employment contract			
	☐ Independent compensation consultant ☐	_	Compensation survey or study			
	Form 990 of other organizations	<del>✓</del>	Approval by the board or compensation committee			
	Downstan to the control of the contr		Cooking A. Line do not be used to the file of the consequence.			
4	During the year, did any person listed in Form 990, Part Vor a related organization	VII	, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control paym	nen	t?	4a		Νo
b	Participate in, or receive payment from, a supplemental r	non	qualified retirement plan?	4b		Νo
С	Participate in, or receive payment from, an equity-based	COI	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide	e th	e applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations	mı	ıst complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line					
	compensation contingent on the revenues of					
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in Form 990, Part VII, Section A, line compensation contingent on the net earnings of	1 a	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, line payments not described in lines 5 and 6? If "Yes," descr			7		Νo
8	Were any amounts reported in Form 990, Part VII, paid o					
	subject to the initial contract exception described in Reg	ıula	tions section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow the rebisection 53 $4958-6(c)$ ?	utta	able presumption procedure described in Regulations	9		

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown o	f W-2 and/or 1099-MIS	C compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	<b>(F)</b> Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred in prior Form 990
1 ADAM MEYERSON, PRESIDENT	(i) (ii)	249,500 0	30,000	0	41,250 0	20,724	341,474 0	0
2 JOHN PAUL DE GANCE, EXECUTIVE VICE PRESIDENT	(i) (ii)	226,800 0	12,000	0	34,200 0	20,724	293,724 0	0 0
3 KARL ZINSMEISTER, VICE PRESIDENT OF PUBLICAT	(i) (ii)	227,756 0	10,000	0	35,250 0	20,724	293,730	0
4 JOANNE FLORINO, SENIOR VICE PRESIDENT OF P	(i) (ii)	208,502	0	0	25,875 0	14,004 0	248,381	0
5 SUZANNE MARCHENA, DIRECTOR OF FINANCE & HUMA	(i) (ii)	113,150 0	7,500 0	0	17,250 0	20,710	158,610	0

Schedule J (Form 990) 2014

## Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

omprete time pare for any additional information

Return Reference Explanation

Schedule J (Form 990) 2014

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**SCHEDULE 0** 

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493132028905

OMB No 1545-0047

Open to Public Inspection

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization **Employer identification number** THE PHILANTHROPY ROUNDTABLE 13-2943020

#### 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	
FORM 990, PART VI, SECTION B, LINE 12C	ON AN ANNUAL BASIS ALL STAFF AND BOARD MEMBERS ARE REQUIRED TO REVIEW AND SIGN THE ORGANIZATION'S CONFLICT OF INTEREST POLICY
FORM 990, PART VI, SECTION B, LINE 15A	THE FINANCE COMMITTEE PREPARES A RECOMMENDATION FOR THE PRESIDENT'S COMPENSATION TO THE FU LL BOARD AFTER REVIEWING PUBLICLY DISCLOSED COMPENSATION FIGURES FOR CEOS OF COMPARABLE OR GANIZATIONS THE FULL BOARD DISCUSSES COMPARABILITY DATA AND DELIBERATES ON THE DECISION A VOTE OF THE FULL BOARD IS TAKEN AND IS DOCUMENTED IN THE BOARD MEETING MINUTES
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC
FORM 990, PART IX, LINE 11G	PROFESSIONAL FEES PROGRAM SERVICE EXPENSES 511,553 MANAGEMENT AND GENERAL EXPENSES 117,8 49 FUNDRAISING EXPENSES 4,808 TOTAL EXPENSES 634,210 AUTHOR FEES PROGRAM SERVICE EXPEN SES 145,756 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 145,756
FORM 990, PART XII, LINE 2C	THE OVERSIGHT PROCESS AND SELECTION PROCESS HAVE NOT CHANGED